

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000001398 (7)**  
1. Corporation Name

**ST. JOHNS COUNTY SCHOOL BOARD LEASING CORPORATION**



Principal Place of Business

Mailing Address

40 ORANGE ST.  
ST. AUGUSTINE FL 32084

40 ORANGE ST.  
ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified **04/07/1993** 3a. Date of Last Report **04/06/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-6000824		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		29	
Zip		Country		Zip		Country	
25		30		25		30	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MATHEWS, GARY**  
40 ORANGE ST.  
ST. AUGUSTINE FL 32084

81 Name **Hugh Balboni**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**40 Orange Street**  
83 **St. Augustine**  
84 City  
85 Zip Code **FL 32084**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE: *Hugh Balboni*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUG, JUDY</b>	1.2 NAME	
STREET ADDRESS	<b>40 ORANGE ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINGARTNER, PETE</b>	2.2 NAME	
STREET ADDRESS	<b>40 ORANGE ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAM, JUDY</b>	3.2 NAME	
STREET ADDRESS	<b>40 ORANGE ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERN, KAREN</b>	4.2 NAME	<b>9000017678</b>
STREET ADDRESS	<b>40 ORANGE ST.</b>	4.3 STREET ADDRESS	<b>-04/03/96--01035--013</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	4.4 CITY-ST-ZIP	<b>***70.00</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUCKER, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>40 ORANGE ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judith Ham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Judith Ham, Chairperson, St. Johns County School District

(904) 826-2000  
Date: Day/Mo/Year Phone #

CR2E037 (12/95)

*Out 4-3-96*